

JC20 Rec'd PCT/PTO 11 OCT 2005

## APPLICATION DATA SHEET

37 CFR §1.76

## APPLICATION INFORMATION

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form  
(CRF)?:: No  
Number of copies of CRF::  
Title:: PACHYMETER  
Attorney Docket Number:: S730 0005  
Request for Early Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 2  
Total Drawing Sheets:: 4  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appln.?:: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name::  
Family Name:: Phillips  
Name Suffix::  
City of Residence:: Victoria  
State or Province of  
Residence:: BC  
Street of mailing address:: 2050 Lorne Terrace  
City of mailing address:: Victoria  
State or Province of  
mailing address:: BC  
Country of mailing  
address:: Canada  
Postal or Zip Code of  
mailing address:: V8S 2H8

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Bjarne  
Middle Name::  
Family Name:: Hansen  
Name Suffix::  
City of Residence:: Victoria  
State or Province of  
Residence:: BC  
Street of mailing address:: 1000 De Costa Place  
City of mailing address:: Victoria

State or Province of  
mailing address:: BC  
Country of mailing  
address:: Canada  
Postal or Zip Code of  
mailing address:: V8T 5H8

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Timothy  
Middle Name::  
Family Name:: Ehrecke  
Name Suffix::  
City of Residence:: Bettendorf  
State or Province of  
Residence:: IA  
Street of mailing address:: 4413 Winston Place  
City of mailing address:: Bettendorf  
State or Province of  
mailing address:: IA  
Country of mailing  
address:: US  
Postal or Zip Code of  
mailing address:: 52722-7202

## **CORRESPONDENCE INFORMATION**

Correspondence Customer  
Number::  
Phone Number::  
Fax Number::  
Email address::

## REPRESENTATIVE INFORMATION

Representative Customer Number::	
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## DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/461833	11 April 2003
This application	National stage of	PCT/CA2004/000537	8 April 2004

## FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::

## ASSIGNEE INFORMATION

Assignee name:: Portable Ophthalmic Devices, Inc.  
Street of mailing address:: 4374 State Street, Unit 1A

City of mailing address::	Bettendorf
State or Province of mailing address::	IA
Country of mailing address::	US
Postal or Zip Code of mailing address::	52722